

**ST. ANTHONY'S MEMORIAL HOSPITAL  
EFFINGHAM, ILLINOIS**

---

**APPLICATION  
FOR  
SCHOLARSHIP**

---

Date of Application: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name (Last, First, MI): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (Day) \_\_\_\_\_ (Night) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

County: \_\_\_\_\_

High School Attended: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

What is your course of study? \_\_\_\_\_

What school do you plan to attend? \_\_\_\_\_

Have you applied for admission? \_\_\_\_\_

Have you been accepted into the specific program that you are applying to (attach letter of acceptance)? \_\_\_\_\_

Please attach or submit:

1. a copy of high school transcripts of grades, ACT or SAT scores (graduating seniors)
2. acceptance letter from school,
3. Letter of recommendation from teacher, school counselor, coach, administrator, employer or clergy.
4. 250 – 500 word essay on “Why do I want to be in the healthcare field”.